IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Muchin et al.	CERTIFICATE OF FACSIMILE TRANSMISSION
Title:	BATTERIES, ACCESSORIES, MARKETING BUNDLES AND MARKETING METHODS	I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virgion the date below. Todd A. Rathe (Printed Name)
Appl. No.:	10/748,889	(Signature)
Filing Date:	12/30/2003	(Date of Deposit)
Examiner:	Reynolds, Steven Alan	
Art Unit:	1745	

RESPONSE AND AMENDMENT UNDER 37 CFR 1.116

Mail Stop After Final Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] The fee required for additional claims is calculated below:

	Claims			Extra				
	As	Previously		Claims				Additional
	Amended	Paid For		Present		Rate		Claims Fee
Total Claims:		•	=	0	X	\$50.00	=	\$0.00
Independent Claims:			_	0	X	\$210.00	=	\$0.00
First p	presentation of	any Multiple I	Depend	dent Claims:	+	\$370.00	=	\$0.00
				CLAIMS	FEE	TOTAL	= -	\$0.00

[]	Applicant hereby petitions for an extension of time unde total number of months checked below:	r 37 C.F.R. §1.136(a)) for the				
	Extension for response filed within the first month:	\$120.00	\$0.00				
[]	Extension for response filed within the second month:	\$460.00	\$0.00				
[]	Extension for response filed within the third month:	\$1,050.00	\$0.00				
[]	Extension for response filed within the fourth month:	\$1,640.00	\$0.00				
[]	Extension for response filed within the fifth month:	\$2,230.00	\$0.00				
	EXTENSION FEE TOTAL:						
[]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00				
	CLAIMS, EXTENSION AND DISCLAIME	R FEE TOTAL:	\$0.00				
[]	Small Entity Fees Apply (subtra	ct ½ of above):	\$0.00				
		TOTAL FEE:	\$0.00				
[]	A Change of Correspondence Address, Power of Attorney and 3.73(b)are enclosed. A Credit Card Payment Form authorizing a charge in the amount of 0.00 to cover the total fee is enclosed.						
[X]	required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3815. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3815. If any						
	extensions of time are needed for timely acceptance of papers submitted herewith,						
	applicant hereby petitions for such extension under 37 C.I		orizes				
	payment of any such extensions fees to Deposit Account No. 50-3815.						

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

Dec. 12,2007

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Ву

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